



New Hampshire Board of Nursing

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**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**

Florence Nightingale (1820 -1910)

Honored across the world for more than a
century.



Upcoming Day of Discussion

**LNA Day of Discussion
November 3, 2010**

The **2010 International Year of the Nurse** is the centennial year of the death of the founder of modern nursing. Her contributions to nursing theory, education, practice, research, statistics, public health, and healthcare reform are foundational and inspirational and continue to impact and influence health of humanity in our time.

Contact Us:

21 S. Fruit St., Ste 16

Concord, NH 03301

603-271-2323 (Nursing)

603-271-6282 (LNA)

www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.



Margaret Walker, Ed.D., RN
Executive Director

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FROM THE EXECUTIVE DIRECTOR

by Margaret J. Walker, Ed.D., RN

I hope you are all enjoying this beautiful Autumn! Our Fall schedules include nursing and nursing assistant programming and the many projects we planned after Summer. The board has been very busy with such projects and has actively worked on many educational issues. We are also pursuing clarifying language for the Nurse Practice Act, as well as, plans to improve the Administrative Rules.

With the July closure of First Choice Training Institute, Inc., the board and staff have been working towards a teach-out plan that will enable the present students to complete the program. This process has continued to be labor-intensive and a continuous challenge for educators and support staff. We are hopeful to provide satisfactory programming to these deserving students that will allow them to meet their educational goals.

I had the privilege to attend the recent National Council of State Boards of Nursing (NCSBN) Delegate Assembly and the NCSBN National Research Symposium where many emerging issues were discussed in relation to Advanced Nursing Practice, Licensee Recovery programming, and Nursing Education at all levels. We have also been working with the challenging office budget, in light of the current economic status.

Legislative changes have been proposed in the Nursing Assistant Registry cost allocations for the board budget and improved language for the Advanced Registered Nurse Practitioner role in accordance with the National Council of State Boards of Nursing Consensus Model. Further discussions are planned for APRNs wishing to learn about the proposed language clarification, in the near future. Please check our website for Day and Evenings of Discussions on this and other important topics at www.state.nh.us/nursing. Also see the link for proposed legislative changes on the Home Page of the website.

The board continues to rely on the hard working committees of the board who continue to provide recommendations that are valuable and meet the national standards. We commend this fine work and hope to make continuous progress in available resources for nursing and nursing assistant practice.

The New Hampshire Board of Nursing has been at the forefront of many national improvements and wishes to remain a resource to all of its citizens. If you note an issue that is pertinent to our work, please let us know so that we can fully discuss the issue at a Day or Evening of Discussion. I can be reached at 603-271-0741 or mwalker@nursing.state.nh.us.

Enjoy this wonderful Fall weather and Have a Very Happy Holiday Season.

Board Staff

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Assistant Director

Patricia Orzano, MA, RN
Assistant Director

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Suzanne Richardson-Martin
Secretary I P/T

Laurel A. O'Connor, Esq
Investigator/Prosecutor

FROM THE BOARD CHAIR

By Robert Duhaime, MBA, RN

Over the last several months, there are highlights that I would like to share with you. For the Advanced Practice Nurse, an opinion was reinforced by the Board that age-related scope of practices depends upon basic graduate education, national certification, and continuing education/experience. Specialty education gives depth but not breadth to nursing scope practice. This was approved at the June 2010 meeting. Also, I refer you to the New Hampshire Board of Nursing website to also review several important decisions that were made based on the recommendations from the Practice and Education Committee where key and appropriate issues continue to be raised by practicing licensees throughout the State of New Hampshire.

On August 19, 2010, the Board held its Strategic Planning Meeting where several items were discussed throughout the day. The day was moderated by Stan Plodzick whom I would like to thank for his time and getting us to discuss key important issues. Some of the issues that were discussed and will be worked on next year are, decreasing the time that the Board of Nursing receives a complaint until final decision is made by 50%. We are revising the process and are striving to get final decisions on actions on licenses more rapidly than we have in the past. We feel it contributes to improving patient safety and also gives the licensee an opportunity to due process. We will be revising the disciplinary process with the hope that it will contribute to decreased turnaround time and provide timely responses to issues of safety. The Nurse Practice Act is also going to be opened to recommend some legislation that is necessary to comply with the financial audit that was completed earlier this year.

Unfortunately, again this past summer, the Board made a decision to close the LPN Program at First Choice. After many years and months of discussions with the organization and due to its failure to improve their NCLEX scores, the Board has decided to close the program and at this time, the Executive Director is developing a teach-out program for the students left in that program.

I want to thank all the committees that do a tremendous amount of work in developing recommendations so that the Board can make appropriate decisions. Without those recommendations it would truly be a most difficult task to make the correct decisions for the licensees throughout the State of New Hampshire. I want to compliment all committee participants that have put their time and effort into the process. The Board truly appreciates all you do.

The Board wishes all licensees throughout the State of New Hampshire a Happy and Safe Holiday Season.

Applying for Licensure
Frequently Asked Questions (FAQ)

Question: Is it faster to apply for licensure online? Will I receive my license sooner if I apply online as opposed to applying via the mail?

Answer: No, by applying for licensure on line the only time you save is mailing time.

Please note that while applying online any error that is made on the

HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.



Susan Goodness

Administrative Supervisor, celebrated 20 years with the Board of Nursing on October 18, 2010.

BOARD COMMITTEES**P & E Committee**

Christine Naas, LPN
(Board representative)

Nancy Fredholm, RN

Renee Maynes, RN

Barbara Pascoe, RN

Connie McAllister, APRN, CRNA

Bonita Kershaw, RN

online application is noted and a letter will be sent to the applicant requesting corrected and or missing information before the application can be processed.

Question: How will I know if I am licensed, will I receive notification?

Answer: No, due to the volume of applicants that we receive we are unable to notify each and every applicant that a license has been issued therefore, you will not receive notification. Paper licenses are no longer mailed and you will not be notified by e-mail.

You may view your license on our website www.state.nh.us/nursing by going to the online verification section under the area marked "Quick Links" (please enter the required information only). Once you locate yourself click on your name and this will show your name, license #, issue date and expiration date.

Question: How do I complete verification of licensure?

Answer: An explanation of the verification process is printed in detail on every application.

Please note that depending upon the application type the verification process can vary.

License Renewal
Frequently Asked Questions (FAQ)

Question: I just completed my renewal why isn't the new expiration date showing up on the website yet? Why hasn't it "gone through yet"?

Answer: The online renewals need to be processed at the N.H. Board of Nursing by the renewal clerk BEFORE they will show up on the "On line verification" portion of the website.

Remember approximately fourteen days before your license expires make sure your updated license appears on our website. If your updated license does not appear this could indicate that an error occurred while you were completing the on line renewal process.

Question: What happens if I make a mistake on my online renewal?

Answer: If an error has occurred upon your renewal you will be notified by e-mail (therefore, always notify the Board of Nursing in any changes regarding e-mail addresses.)

Please remember to complete your online renewal in a timely fashion so that if an error does occur this will give you enough time to provide us with the corrected information and your license will not expire.

Question: What if I want to renew my license on line, but it has already expired?

Answer: Once a license has expired it **CANNOT** be renewed on the website you **CANNOT** work on an expired license. You must either come to the NH Board of Nursing and complete a reinstatement form or request one to be mailed to you.



Kathy Crumb,
RN/LPN Exam Clerk



Deborah Emerson,
Nurse Endorsement Clerk



Susan Isabelle
Renewal/Reinstatement Clerk

National Council of State Boards of Nursing (NCSBN)

Dear NH RN Licensees

On behalf of the National Council of State Boards of Nursing (NCSBN), we would like to ask you for your help in recruiting registered nurses (RNs) for two upcoming meetings. The meetings are: RN Practice Analysis Expert Panel Meeting to be held November 8-10, 2010 and the RN KSA Expert Panel Meeting to be held December 1-3, 2010. Both meetings will take place in Chicago.

NCSBN conducts an RN Practice Analysis and an RN KSA meeting every three years in order to ensure that the NCLEX-RN® exam continues to reflect current nursing practice.

Both meetings will be composed of a minimum of five (5) members, representing all four geographic regions and clinical practice areas. Members of both panels must meet the following criteria:

- Registered Nurse – active nursing license in good standing
- Current clinical practice
- Works with and/or supervises newly licensed RNs within their first 12 months of practice

We hope we can count on your help in recruiting a successful panel.

Please send the names and contact information of qualified nurses from your area to lschultz@ncsbn.org.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Lisa Schultz, MSN, RN, WHNP-BC
NCLEX Content Associate
National Council of State Boards of Nursing (NCSBN)
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Reminder: Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

Liaison Committee

Kitty Kidder, APRN,
(Board representative)

Lisa Sullivan, APRN, CRNA
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Joyce Blood, APRN

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Sean Lyons, APRN

Mary Sanford, APRN



Kathryn Dickson
Executive Secretary



Deborah Sirles
Account Technician

**CONSENSUS MODEL FOR
ADVANCED PRACTICE REGISTERED NURSE REGULATION**
Patricia Orzano, MA, APRN

CRNP, ANP, RNP, APRN, APN, NP, LNP, AP, CNP – What do all these letters of the alphabet have in common? They are but a few of various state legal designations for advanced practice registered nurse, per the 2009 Pearson Report. As you know, New Hampshire recently changed advanced practice nurse titling from ARNP to APRN. Why did the Board do this?

Read on.....

The goal of this article is to foster understanding of the Consensus Model for Advanced Practice Registered Nurse Regulation as published July 7, 2008. This paper was completed through the work of the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. Seventy-two nursing organizations participated in this process and twenty-four nursing organizations were represented in the actual work group meetings. This group became known as the APRN Consensus Work Group.

Why is it important to build consensus and communication between nursing groups? We only need look above for the answer. If we, as professional nurses, don't understand the alphabet soup above, how can the public, insurance companies, the government or anyone else understand the advanced practice role? The current lack of consensus in advanced practice nursing goes deeper and is far more significant than titles. Some of the areas currently lacking consensus across the country include graduate education, scopes of practice, what roles of nurses with advanced degrees are included or excluded, and level of independence in practice. As national health insurance proceeds and health care is looked at on a national and global basis, this situation assumes even more importance.

From the APRN Consensus Work Group, defined above, was created a smaller and more inclusive group called the Joint Dialogue Group. This group was charged with creating a model for logically linking practice, education, regulation and certification. The result was the **APRN Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education**. The New Hampshire Board of Nursing approved the goal of working toward this model in 2008.

Highlights of the recommendations of the Consensus Model include:

- * APRNs include certified registered nurse anesthetists, certified nurse-midwives, certified clinical nurse specialists and certified nurse practitioners
- * This model only addresses clinical roles of advanced practice nurses i.e. not other graduate roles such as education, public health, informatics, administration etc.
- * Individuals will be licensed as independent practitioners for practice at the level of one of the above four APRN roles within one of the six identified population foci
- * Population foci include: Family/individual across life span, Adult/gerontology, Neonatal, Pediatrics, Women's health/gender related, psychiatric/mental health

The Model includes recommendation for a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

Recommendations include that these changes would occur incrementally and sequentially. Interdependence of licensure, accreditation, certification and education necessitate this. It is expected that this model will inform decisions by all entities involved in advanced nursing practice. The target date for full

FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are NOT necessary. "Live Scan" fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards MUST be obtained from the Board of Nursing office.
2. The Board of Nursing application fee DOES NOT include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the "FBI Fingerprinting Requirements" in the section marked "Quick Links" for fee schedule.
3. All criminal background checks MUST be notarized.
4. "Live Scan" fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

Out of State Applicants and Criminal Background Checks/Fingerprints

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

implementation of this regulatory model and all embedded recommendations is the year 2015.

The APRN Liaison Committee for the Board has been and will continue to be closely involved in this process.

If you have any questions/concerns regarding this Model or process, please call Pat Orzano, who works with the Liaison Committee, at the Board office 603-271 3822.

Your questions/concerns are always appreciated.

Hosts of the LNA-MNA Coordinators meeting held October 8, 2010 at the Board office.



Lori Tetreault, Program Specialist IV, JoAnn Seaward, LNA Licensure Clerk, Kim Cicchetto, Program Assistant I, and Debra Hoos, LNA Licensure Clerk

Some of the attendees of the LNA-MNA Coordinators meeting.



LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

Hello and Happy Fall!

It's hard to believe summer has come and gone. I hope all of you were able to kick back, relax and enjoy the beautiful summer we experienced. Each year I look forward to the fall season, the color of the changing leaves, the cool crisp mornings but most of all getting back to a routine schedule.

Since the Summer Newsletter, many things have happened here at the Board of Nursing. On July 27, 2010 an LNA Day of Discussion was held. I would like to thank Mark Lathem and the staff at Pleasant View Retirement Home in Concord for their willingness to host the program and for providing the refreshments. The program started with a presentation on Professional Boundaries given by Pat Orzano, Assistant Director from the Board of Nursing. With the understanding of professional boundaries, the program moved into the presentation with discussion on Managing Chronic Manipulating Behaviors given by Creedon Carothers, Nursing Professor at Lakes Region Community College and Director of Nursing Services at Bel-Air Nursing Home. I would like to thank all those who attended and participated in the discussion. LNAs are important members of the healthcare team. LNA/MNA Day of Discussions provide professional growth as well as recognition of the significant contribution LNAs make to healthcare.

The Next Day of Discussion will be held November 3, 2010. The focus will be on MNA practice. Discussions will include Scope of Practice, Delegation and Continuing Competence. The registration form can be found in the October 2010 Newsletter or on the NH Board of Nursing website www.nh.gov/nursing. LNA who are interested in becoming an MNA are welcome to attend. Other Days of Discussion are in the works for Spring 2011 so stay tuned.

Over the past few months I have evaluated the need based on the response to the LNA/MNA continuing competence programs posted on the website. There has been a positive response. Many LNA's have taken advantage of the opportunity as well as several healthcare facilities that have used the programs to provide education for licensed staff. I am happy to report that the programs will remain on the board website and new programs will be added over time. As of October 1, 2010 the Board will no longer be requiring tests to be submitted. Continuing education should be kept on file by the licensee. It is the licensee's responsibility to keep track of their continuing competence requirements and documentation if audited. If you have questions regarding the educational programs please call or email Lori Tetreault at the board office, 603-271-8282 or lori.tetreault@nursing.state.nh.us.

On October 8, 2010 the Annual LNA/MNA Coordinators' Meeting was held. This years "Ready-Aim-Learn" program provided the opportunity to discuss board updates, policy review, program networking and introduced new programs and coordinators. I would like to welcome to the group, Amy Blanchette from Berlin High School Tech Center and Gina McGuire from J.O. Huot Center at Laconia High School. "Thank Yal" to those who attend the meeting.

I have visited and reviewed several of the LNA/MNA educational programs over the summer. I would like to thank all the Program Coordinators

**NH Board of Nursing
MNA Day of Discussion**

**November 3, 2010
8:30 am – 11:00 am**
NH Board of Nursing
Conference Room 100
21 S. Fruit Street, Suite 16
Concord, NH 03301

Discussion Schedule

8:30-9:00 Registration
9:00-9:15 Welcome
9:15-9:30 Review: MNA Scope of Practice
9:30-9:45 MNA Continuing Competence and Renewal
9:45-10:00 Break
10:00-10:30 Delegation: Accepting Duties
10:30-11:00 Q& A

Program Speaker

Lori Tetreault, RN -BSN
Program Specialist IV
NH Board of Nursing

Contact Hours

Morning Session: 2.0 hours

Directions

Directions to Board of Nursing are posted on our website at: **www.state.nh.us/nursing** or you may call the office at 603-271-6282.

for their contribution to nursing assistant education here in NH. A complete list of our educational programs can be found on our website at **www.state.nh.us/nursing**. It has been a pleasure working with all of the programs and the coordinators. Welcome to all the new students enrolled in LNA/MNA programs this fall and Good Luck.

Enjoy the Fall Season,

Registration Deadline:

October 29, 2010

Registration (Please print clearly)

Name:

Employer/Facility Name:

Contact phone and/or email (required):

Title (Please check):

☐ MNA

Registration is limited to 60 MNA's.

The program is free.

Bring your own refreshments.

Please note:

You will not receive a confirmation notice.

Faxed (271-6605) registration forms are accepted. Before registering, please check the Board website at **www.state.nh.us/nursing to determine if registrations are still being accepted or if the conference has been filled to capacity.**

Reminder: MNA License Renewal

A MNA certification expires at the time that the LNA license expires. A MNA certification that becomes inactive due to a non-renewed LNA license will become null and void after 60 days. Once the MNA certification becomes null and void, a MNA course will be required for certification.

LNA/MNA Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

LNA Scope of Practice
Professional Boundaries
Residents Rights
Topical Drugs
Medication Administration Safety
Oral Health Care for the Elderly
Alzheimer's Dementia in the Elderly
Oxygen Therapy

All programs offer 1 contact hour

MNA Renewal Requirements:

A minimum of 50 hours using medication assistant knowledge, judgment and skills within 2 years of date of application and; 4 of the 12 contact hours required for LNA licensure must be related to medication administration **or** successfully completion of a MNA program within 2 years immediately prior to renewal..

What is the difference between a MNA and a LNA-MC?

A MNA is a licensed nursing assistant with a NH Board approved certificate able to *administer* medications under the supervision of a licensed nurse to “stable” clients living in facilities and in the community.

A LNA-MC is a licensed nursing assistant with an NH Board approved certificate to *provide assistance, observation and documentation* under the supervision of a licensed nurse to “stable” clients with no complicated medication problems living in assisted living facilities and the community.

Licensed Nursing Assistants and Delegation: Know Your Responsibility

by Lori Tetreault, Program Specialist IV

As healthcare evolves with change, so do the duties and responsibilities of those who work in healthcare. During these challenging economic times, healthcare environments continue to be faced with the pressure associated with financial constraints. More than ever, nursing is under continuous stressors.

Licensed Nursing Assistants (LNA's) continue to report increased work assignments and additional responsibilities in many healthcare settings. Scope of practice has led our open discussions at the LNA Day of Discussions. According to RSA 326-B:14, LNA's work under the supervision of a licensed nurse. The supervising licensed nurse shall be available at all times for supervision of the duties delegated to the LNA.

Now more than ever it is important for LNA's to understand and work within their "Scope of Practice" (RSA 326-B:14). LNA's must be aware of their scope of practice and their responsibility when accepting a delegated task from a licensed nurse.

"Delegation" means the transfer, at the discretion of the nurse, of authority for the performance of a task of client care from the licensed nurse with authority to perform the task to someone who does not otherwise have such authority according to Nur 401.01.

The LNA who receives a delegated task is accountable for the decision to accept the task. The LNA must be competent to perform the task. Being competent, the LNA must have the integrated knowledge, judgment, and skills necessary to provide safe nursing care or nursing related activities.

The Board of Nursing has approved additional duties within an LNA's scope of practice provided:

- (a) **The task has been properly delegated to the nursing assistant by the supervising licensed nurse pursuant to RSA 326-B:28.**
- (b) **The task has not been made exempt from nursing assistant practice.**
- (c) **The policies of the employing health care facility allow the delegation of the task to an LNA.**

The LNA must be competent to perform the duty/task. The nurse delegating the duty/task must ensure that the LNA is competent to perform the duty/task.

A LNA who does not feel they are competent to perform a duty while providing safe nursing care should not accept the delegation and should discuss this with the supervising nurse prior to accepting the duty.

The Board of Nursing expects nurses to appropriately delegate tasks to LNA's. No person may coerce a licensed nurse into compromising patient safety by requiring the licensed nurse to delegate if the licensed nurse determines it is inappropriate to do so according to RSA-B:29 II.

LNA Continuing Competence

What is "Continuing Competency"?

Continuing Competency is integrated learning by which a licensee gains, maintains or refines practice knowledge, skills, and abilities through a formal education program, continuing education, or clinical practice. This learning is expected to continue throughout the licensees' career. Remaining active in your learning allows one to remain competent in your field of work.

Continuing Competence = Continuing Education Requirements + Active in Practice Requirements

What are the "Continuing Competence" requirements for an LNA?

24 contact hours, (12 per year) or competency testing (state test) completed within 2 years of date of application **and** 200 active in practice hours in 2 years immediately preceding date of application, or successful completion of a nursing assistant competency test (state test) completed within 2 years of the date of application.

What is a contact hour?

One contact hour = 60 minutes of organized learning.

What is “Active in Practice”?

Active in practice is defined for an LNA as someone who has worked a minimum of 200 hours within the 2 years immediately preceding the date of expiration of the current license (preceding the date of application) or successful completion of nursing assistant competency test within 2 years of the date of application.

Who is responsible for keeping track of a LNA’s contact hours?

It is the **responsibility** of the licensee (LNA) to keep track of their contact hours.

Contact hour documentation should be easily accessible if you have been chosen for audit by the NH Board of Nursing.

What continuing education is acceptable as contact hours?

Activities/topics eligible for continuing education can be found on the NH Board of Nursing website, www.nh.gov/nursing under the “Site Map” tab listed under Continuing Competence.

**NH BOARD OF NURSING
NURSING ASSISTANT LICENSURE**

IF YOU HAVE NEVER BEEN PLACED ON THE NURSE AIDE REGISTRY IN THE STATE OF NH, YOU MAY APPLY FOR NURSING ASSISTANT LICENSURE BY:

LICENSURE BY COMPETENCY EVALUATION

- Successful completion of a Board approved nursing assistant program completed within 5 years; and
- Successful completion of written and clinical competency testing within 2 years.

LICENSURE BY ENDORSEMENT

- You must hold an active out of state nursing assistant license/certification; AND
- You must meet requirements of 200 hours of active in practice as a nursing assistant within two years under an APRN, RN or LPN supervision and 12 continuing education hours per year (a total of 24 within two years), OR have completed written and clinical competency testing within two years.

LICENSURE BY COMPARABLE EDUCATION

- RN/LPN students who have successfully completed “Fundamentals of Nursing” within 5 years. If “Fundamentals of Nursing” is completed, a letter from the school or an official transcript is required; OR
- Completion of a Challenge Program and written and clinical competency testing within two years.

CHALLENGE PROCESS

Approval requires documentation of comparable or greater nursing education completed within five years, including but not limited to, EMT, Paramedic Medical Assistant, and OT.

Formal approval must be requested from the Board of Nursing to take a Challenge Program and written and clinical competency testing.

***Please see NH BON website <http://www.nh.gov/nursing/> click Licensure tab on left side of home page and scroll down to view Licensure - For LNA’s.**

**NH BOARD OF NURSING
NURSING ASSISTANT LICENSURE**

RENEWAL OR REINSTATEMENT REQUIREMENTS FOR NURSING ASSISTANTS WHO ARE LISTED ON THE NH NURSE AIDE REGISTRY

If your license is **currently active**, you can renew if you meet the following requirements:

- 200 hours active in practice as a nursing assistant within two years under APRN, RN or LPN supervision and 12 continuing education hours per year, a total of 24 continuing education hours within two years; **OR**
- A written and clinical competency testing completed within two years.

If your license is **currently inactive**, and you do not meet any of the requirements listed above, you can activate the licensure by successful completion of a written and clinical competency testing. You must e-mail or call the Board office to request a reinstatement application. A list of approved testing facilities will be mailed to you along with your reinstatement application. When you receive your testing results, you can submit your completed reinstatement application along with a copy of your test results and the reinstatement fee to the Board of Nursing.

Please note that when your license is activated, you will not be notified or receive documentation in the mail. You must check the NH Board of Nursing website to verify activation and obtain a print out of your license information.

***Please see NH BON website <http://www.nh.gov/nursing/> click Licensure tab on left side of home page and scroll down to view Licensure - For LNA's.**

Clinical Practice Advisories: January 2010- September 2010

Board Advisory Date:	
<p>January 21, 2010</p> <p>Clarification of December 15, board opinion with regard to cerumen removal from ears using instrumentation</p>	<p>Question: On December 15, 2009 the board reviewed the following question: Is it within the scope of practice for an RN to extract cerumen from ears using instruments such as, ear speculums, ear loops, small alligator forceps, and possibly suction? The board opined that: it is not within the RN scope to remove ear wax via instrumentation.</p> <p>The request is for clarification of this opinion with specific focus on the “possibly suction” statement noted in the original question.</p> <p>The Board reaffirmed its opinion that it is not within the RN scope to remove ear wax via instrumentation such as ear loops or small alligator forceps. Irrigation and suctioning to remove ear wax is within RN and LPN scope of practice.</p>
<p>January 21, 2010</p> <p>Instillation of BCG into the renal pelvis</p>	<p>Question: Can nurses RN's give BCG through a nephrostomy tube in the renal pelvis for renal cell ca in upper urinary system with a non FDA approve indication but data and case studies support it. BCG is usually given in bladder by LPN's. This patient has no bladder.</p> <p>Answer: The Board opined that it is within RN scope of practice to instill BCG into the renal pelvis provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>

February 18, 2010	<p>Question: What is the Board of Nursing expectation with regard to the dates of texts being used for educational purposes?</p> <p>Answer: The Board reaffirmed that textbooks for board-approved nursing and nursing assistant classes must have been published within 5 years and contain current information.</p>
March 18, 2010 Removal of foley catheters by LNA's	<p>Question: Can LNA's remove foley catheters?</p> <p>Answer. The Board opined it is with the LNA scope of practice to remove foley catheters provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
March 18, 2010 Replacement of a suprapubic catheter by an RN	<p>Question: can a nurse replace a suprapubic catheter?</p> <p>Answer: The Board opined that it is within RN scope of practice to replace a suprapubic catheter provide the following conditions are met: Replacement can only occur into a healed well established open pathway. Replacement catheter can only be a balloon-type indwelling catheter. Size of replacement catheter and balloon in specified in the physician's order.</p>
March 18, 2010 Priming of IV's by LNA's	<p>Question: Can LNA's prime IV tubing that isn't connected to patients, both "plain IV" solution and IV solution with K?</p> <p>Answer: The Board reaffirmed its December 17, 2009 decision that this is not with the LNA scope of practice.</p>
March 18, 2010 Clarification/position around off label use of drugs	<p>Question: What is the Board of Nursing position on the RN role of administering off label drugs?</p> <p>Answer: The Board remains silent on this issue.</p>
<p>March 18, 2010 Instillation of medication into the renal pelvis by an LPN?</p> <p>March 18, 2010 In office percutaneous implantation of wire electrode for sacral nerve stimulation testing</p> <p>March 18, 2010 APRN dermatology age related scope of practice</p>	<p>Question: Is it within the scope of practice of an LPN to instill medications into the renal pelvis via a nephrostomy tube?</p> <p>Answer: The Board opined that this is not within the scope of practice of an LPN.</p> <p>Question: In a urology practice, is it within the scope of practice of APRN to perform in-office percutaneous implantation of wire electrode for sacral nerve stimulation testing?</p> <p>Answer: The Board opined that this is within the APRN scope of practice.</p> <p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within Adult APRN scope of practice..</p>

March 18, 2010 APRN prescription of clomid	<p>Question: Does a physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: The formulary with the Joint Health Council was repealed in 2009. There is no need for physician signature on APRN clomid prescription.</p>
<p>April 15, 2010 Performance of thermography by RN's</p> <p>April 15, 2010 APRN as principal investigator of IND/Phase II clinical trial</p> <p>April 15, 2010 Co-signature for clomid</p>	<p>Question: Is it within the scope of practice to perform thermography?</p> <p>Answer: The board opined that it is not specifically within the scope of RN practice to perform thermography.</p> <p>Question: Can APRN be principal investigator of IND/Phase II clinical trial without supervision/involvement of physician, medical practice, or hospital?</p> <p>Answer: This is within APRN scope of practice.</p> <p>Question: Does physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: APRNs do not need physician co-signature for clomid prescription.</p>
May 20, 2010 APRN Scope of Practice	<p>Question: I am a Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: The board reaffirmed its March 18, 2010 answer which states, APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within the Adult APRN scope of practice.</p>
June 17, 2010 Bravo Capsule (revisited)	<p>Question: The Board has been asked to revisit their December 17, 2009 decision that it is not with the RN scope of practice to independently deploy and place Bravo capsules.</p> <p>Answer: The decision was made to uphold the previous opinion of December 17, 2010, that states: It is within the scope of practice to assist the provider as the provider places the Bravo capsule.</p>
July 15, 2010 APRN age related scope of practice	<p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: Based on RSA 326-B:11 (NH Nurse Practice Act), the Board unanimously reaffirmed its two earlier opinions (March and May 2010) on dermatology age related scope of practice. APRN scope of practice is determined by basic education preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, all age group practice is not within the adult certified APRN scope of practice.</p>
August 19, 2010 Intranasal Midazolam	<p>Question: Can a school nurse (registered nurse) or his/her designee administer a physician ordered off label drug, Intranasal Midazolom to a child if the following is in place?</p> <ul style="list-style-type: none"> ➤ A physician signed medical order for the administration of Midazolam that has the specification of dose, route, and conditions by which the drug Midazolam would be given to a specific child. ➤ A specific procedure that accompanies the medical order to guide the safe administration of the drug Midazolam to the child. This would include

	<p>indications, directions for preparation of the drug for administration, supplies necessary for administration, conditions necessary for the storage of the medication and possible side effect to watch for.</p> <p>There is a reasonable amount of medical research and professional experience provided that indicates Midazolam can safely and therapeutically treat a child having a seizure in the pre hospital setting.</p> <p>The P&E committee's recommendation was to address the use of off-label drugs versus each individual drug that may come under this classification, such as Midazolam. Based on this the following answer was provided.</p> <p>Answer: The board opined the following based on the knowledge that the professional standard for off-label prescription is; the unapproved use of a legal drug must be based on reasonable medical evidence with the same judgment as exercised in medical practice in general.</p> <p>It is within the scope of practice for a nurse to administer off label medications and she/he is responsible and accountable for the components of medication administration which include but are not limited to the following:</p> <ul style="list-style-type: none"> ➤ Preparing and giving medications in the prescribed dosage, route, and frequency ➤ Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy ➤ Intervening when emergency care is required as a result of drug therapy ➤ Recognizing accepted prescribing limits and reporting deviations to the prescribing individual ➤ Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual ➤ Providing patient education. <p>Additionally facilities/organizations should determine, in an established written policy, the drugs that may be administered in a setting. This determination should be based upon, but not limited to, the training and skill of the nurse, resources available, access to emergency medical services and other interventions that could be instituted.</p>
August 19, 2010 Fecal disimpaction	<p>Question: Can an RN conduct manual disimpaction of fecal material with and/or without a physician's order?</p> <p>Answer: The board opined that it is within the scope of practice of the licensed nurse to perform manual disimpaction. Furthermore facility policy should dictate those circumstances that would necessitate a physician's order.</p>
August 19, 2010 Placement of a laparoscopic trocar by an RNFA	<p>Question: Is it within the RNFA's scope of practice, under the direct supervision of the surgeon, to place a laparoscopic trocar in the surgical patient?</p> <p>Answer: The board opined that it is not within the scope of practice for an RNFA to place a laparoscopic trocar in the surgical patient.</p>
September 16, 2010 LPN scope of practice with femoral line infusions.	<p>Question: Is it within the LPN scope of practice to initiate femoral pumps under the direction of anesthesia?</p> <p>Answer: The board opined that this is not within the LPN scope of practice.</p>
September 16, 2010	<p>Question: Is it within the RN scope of practice to prime, program, connect, and initiate an epidural infusion of a postoperative postpartum patient?</p> <p>Answer: The Board reaffirmed previous advisory (see Analgesia/Anesthesia FAQ) and opines this question needs review and determination for its practice at the facility level.</p>

NH BOARD OF NURSING
EDUCATIONAL PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<i>July 15, 2010</i>		
Cheshire Career Center at Keene High School LNA Program	Catherine Kissell	Continued Approval
Crotched Mountain Rehabilitation Center MNA Program	MaryLou Moreen	Continued Approval
<i>August 19, 2010</i>		
First Choice Training Institute LPN Program	Susan Lewis	Program approval withdrawn
<i>September 16, 2010</i>		
Merrimack County Nursing Home LNA and MNA Programs	Julia Jason	Request to be placed on Hold -Granted
Coos County Nursing Hospital MNA Program	Deborah Wells	Continued Approval – On Hold Status
Coos County Nursing Hospital LNA Program	Deborah Wells	Continued Approval
St. Joseph School of Nursing LNA Program	Diane Droutman	Continued Approval
Harmony Health Care Institute LPN Program	Francois Toka, Director	Full Approval

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NATIONAL COUNCIL LICENSURE EXAMINATION
FOR PRACTICAL NURSES
07/01/2010 THROUGH 09/30/2010

G6 - NUMBER AND PERCENT PASSING OF FIRST TIME CANDIDATES
EDUCATED IN MEMBER BOARD JURISDICTIONS, BY DEGREE TYPE

JURISDICTION CODE	JURISDICTION OF LICENSURE	---ALL PN PROGRAMS---			---SPECIAL PROGRAM CODES---			---TOTAL---		
		CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS
78	ALABAMA	361	347	96.12	0	0	0.00	361	347	96.12
94	ALASKA	7	6	85.71	0	0	0.00	7	6	85.71
02	AMERICAN SAMOA	6	5	83.33	0	0	0.00	6	5	83.33
96	ARIZONA	205	195	95.12	1	1	100.00	206	196	95.15
39	ARKANSAS	521	487	93.47	28	27	96.43	549	514	93.62
22	CALIFORNIA - VN	1577	1230	78.00	635	394	62.05	2212	1624	73.42
95	COLORADO	212	189	89.15	0	0	0.00	212	189	89.15
69	CONNECTICUT	223	199	89.24	2	2	100.00	225	201	89.33
12	DELAWARE	92	72	78.26	0	0	0.00	92	72	78.26
75	DISTRICT OF COLUMBIA	135	88	65.19	0	0	0.00	135	88	65.19
70	FLORIDA	1139	1019	89.46	25	19	76.00	1164	1038	89.18
32	GEORGIA - PN	310	277	89.35	0	0	0.00	310	277	89.35
87	GUAM	2	1	50.00	0	0	0.00	2	1	50.00
37	HAWAII	44	44	100.00	10	10	100.00	54	54	100.00
82	IDAHO	110	106	96.36	0	0	0.00	110	106	96.36
49	ILLINOIS	942	868	92.14	1	1	100.00	943	869	92.15
48	INDIANA	513	482	94.00	0	0	0.00	513	482	94.00
60	IOWA	643	622	96.73	0	0	0.00	643	622	96.73
68	KANSAS	277	256	92.42	0	0	0.00	277	256	92.42
76	KENTUCKY	306	281	91.83	0	0	0.00	306	281	91.83
34	LOUISIANA - PN	269	237	88.10	0	0	0.00	269	237	88.10
40	MAINE	32	31	96.88	0	0	0.00	32	31	96.88
07	MARYLAND	99	93	93.94	0	0	0.00	99	93	93.94
08	MASSACHUSETTS	647	617	95.36	5	5	100.00	652	622	95.40
09	MICHIGAN	445	424	95.28	2	2	100.00	447	426	95.30
10	MINNESOTA	583	537	92.11	0	0	0.00	583	537	92.11
79	MISSISSIPPI	425	382	89.88	0	0	0.00	425	382	89.88
17	MISSOURI	772	734	95.08	0	0	0.00	772	734	95.08
98	MONTANA	39	39	100.00	0	0	0.00	39	39	100.00
67	NEBRASKA	181	160	88.40	0	0	0.00	181	160	88.40
89	NEVADA	16	14	87.50	4	3	75.00	20	17	85.00
51	NEW HAMPSHIRE	43	37	86.05	11	11	100.00	54	48	88.89
18	NEW JERSEY	873	650	74.46	0	0	0.00	873	650	74.46
36	NEW MEXICO	81	76	93.83	1	0	0.00	82	76	92.68
03	NEW YORK	1286	1102	85.69	46	38	82.61	1332	1140	85.59
19	NORTH CAROLINA	558	540	96.77	3	3	100.00	561	543	96.79
65	NORTH DAKOTA	97	96	98.97	0	0	0.00	97	96	98.97
01	NORTHERN MARIANA ISLAND	4	3	75.00	0	0	0.00	4	3	75.00
20	OHIO	1536	1429	93.03	0	0	0.00	1536	1429	93.03
24	OKLAHOMA	537	493	91.81	58	55	94.83	595	548	92.10
80	OREGON	186	180	96.77	1	1	100.00	187	181	96.79
25	PENNSYLVANIA	652	606	92.94	1	1	100.00	653	607	92.96
13	RHODE ISLAND	3	3	100.00	0	0	0.00	3	3	100.00
26	SOUTH CAROLINA	228	215	94.30	18	18	100.00	246	233	94.72
66	SOUTH DAKOTA	121	115	95.04	3	3	100.00	124	118	95.16
77	TENNESSEE	530	512	96.60	0	0	0.00	530	512	96.60
41	TEXAS	2030	1819	89.61	1	1	100.00	2031	1820	89.61

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NATIONAL COUNCIL LICENSURE EXAMINATION
FOR PRACTICAL NURSES
07/01/2010 THROUGH 09/30/2010

G6 - NUMBER AND PERCENT PASSING OF FIRST TIME CANDIDATES
EDUCATED IN MEMBER BOARD JURISDICTIONS, BY DEGREE TYPE

JURISDICTION CODE	JURISDICTION OF LICENSURE	---ALL PN PROGRAMS---			---SPECIAL PROGRAM CODES---			---TOTAL---		
		CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS
38	UTAH	117	115	98.29	14	14	100.00	131	129	98.47
15	VERMONT	155	154	99.35	0	0	0.00	155	154	99.35
81	VIRGIN ISLANDS	3	0	0.00	0	0	0.00	3	0	0.00
28	VIRGINIA	755	591	78.28	4	2	50.00	759	593	78.13
55	WASHINGTON	408	387	94.85	1	1	100.00	409	388	94.87
54	WEST VIRGINIA - PN	291	261	89.69	0	0	0.00	291	261	89.69
50	WISCONSIN	393	381	96.95	0	0	0.00	393	381	96.95
88	WYOMING	59	58	98.31	0	0	0.00	59	58	98.31
TOTAL		22079	19847	89.89	875	612	69.94	22954	20459	89.13

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NATIONAL COUNCIL LICENSURE EXAMINATION
FOR REGISTERED NURSES
07/01/2010 THROUGH 09/30/2010

G4 - JURISDICTION PROGRAM SUMMARY OF ALL FIRST TIME CANDIDATES
EDUCATED IN NEW HAMPSHIRE BOARD OF NURSING

PROGRAM SCHOOL CODE	CITY	GRAD DATE	QUARTER ---- 07/01/10 - 09/30/10 ----				YEAR TO DATE ----01/01/10 - 09/30/10 ----			
			CAND	PASS	FAIL	% PASS	CAND	PASS	FAIL	% PASS
51-594 COLBY - SAWYER COLLEGE - BS	NEW LONDON	05-10 TOTAL	0 0	0 0	0 0	0.00 0.00	13 13	13 13	0 0	100.00 100.00
51-401 GREAT BAY COMMUNITY COLLEGE	STRATHAM	05-10 TOTAL	12 12	11 11	1 1	91.67 91.67	45 45	44 44	1 1	97.78 97.78
51-424 LAKES REGION COMMUNITY COLLEGE	LACONIA	05-10 TOTAL	2 2	2 2	0 0	100.00 100.00	21 21	20 20	1 1	95.24 95.24
51-520 MA COLLEGE OF PHARMACY AND HEALTH SCIENCES - BS	MANCHESTER	05-10 12-09 TOTAL	0 0 0	0 0 0	0 0 0	0.00 0.00 0.00	1 29 30	1 28 29	0 1 1	100.00 96.55 96.67
51-457 MANCHESTER COMMUNITY COLLEGE	MANCHESTER	07-10 05-10 TOTAL	4 11 15	4 11 15	0 0 0	100.00 100.00 100.00	4 57 61	4 57 61	0 0 0	100.00 100.00 100.00
51-423 NASHUA COMMUNITY COLLEGE	NASHUA	05-10 TOTAL	5 5	5 5	0 0	100.00 100.00	19 19	19 19	0 0	100.00 100.00
51-459 NHTI - CONCORD COMMUNITY COLLEGE - ADN	CONCORD	05-10 TOTAL	20 20	19 19	1 1	95.00 95.00	58 58	55 55	3 3	94.83 94.83
51-900 RE-ENTRY / BOARD REQUEST		05-87 06-81 06-77 05-75 08-64 09-60 TOTAL	0 0 0 0 0 1 1	0 0 0 0 0 1 1	0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 100.00 100.00	1 1 1 1 1 1 6	1 1 1 1 1 1 8	0 0 0 0 0 0 0	100.00 100.00 100.00 100.00 100.00 100.00 100.00
51-458 RIVER VALLEY COMMUNITY COLLEGE - ADN	CLAREMONT	05-10 TOTAL	15 15	11 11	4 4	73.33 73.33	47 47	38 38	9 9	80.85 80.85
51-414 RIVIER COLLEGE - ADN	NASHUA	06-10 05-10 05-09 05-07 05-06 N/A TOTAL	1 55 2 0 0 2 60	1 39 0 0 0 0 40	0 16 2 0 0 2 20	0.00 70.91 0.00 0.00 0.00 0.00 66.67	1 93 2 1 1 2 100	1 75 0 0 1 0 77	0 18 2 1 0 2 23	100.00 80.65 0.00 0.00 100.00 0.00 77.00

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NATIONAL COUNCIL LICENSURE EXAMINATION
FOR REGISTERED NURSES
07/01/2010 THROUGH 09/30/2010

G4 - JURISDICTION PROGRAM SUMMARY OF ALL FIRST TIME CANDIDATES
EDUCATED IN NEW HAMPSHIRE BOARD OF NURSING

PROGRAM SCHOOL CODE	CITY	GRAD DATE	QUARTER ---- 07/01/10 - 09/30/10 ----				YEAR TO DATE ----01/01/10 - 09/30/10 ----			
			CAND	PASS	FAIL	% PASS	CAND	PASS	FAIL	% PASS
51-596 ST ANSELMS COLLEGE - BS	MANCHESTER	06-10 05-10 05-10 N/A TOTAL	1 27 1 0 29	1 23 1 0 25	0 4 0 0 4	100.00 85.19 100.00 0.00 86.21	1 73 1 1 76	1 67 1 1 70	0 6 0 0 6	100.00 91.78 100.00 100.00 92.11
51-400 ST JOSEPH HOSPITAL - ADN	NASHUA	05-10 TOTAL	5 5	4 4	1 1	80.00 80.00	26 26	20 20	6 6	76.92 76.92
51-590 UNIVERSITY OF NEW HAMPSHIRE - BS	DURHAM	05-00 06-10 05-10 05-09 05-10 TOTAL	1 1 50 0 1 53	1 1 46 0 1 49	0 0 4 0 1 4	100.00 100.00 92.00 0.00 100.00 92.45	1 1 65 1 1 69	1 1 60 1 1 64	0 0 5 0 0 5	100.00 100.00 92.31 100.00 100.00 92.75
51-510 UNIVERSITY OF NEW HAMPSHIRE - DEMN	DURHAM	12-10 N/A TOTAL	9 2 11	9 2 11	0 0 0	100.00 100.00 100.00	16 6 22	16 6 22	0 0 0	100.00 100.00 100.00
51-413 WHITE MOUNTAIN COMMUNITY COLLEGE	BERLIN	05-10 05-09 TOTAL	2 0 2	1 0 1	1 0 1	50.00 0.00 50.00	38 1 39	30 1 31	8 0 8	78.95 100.00 79.49

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NATIONAL COUNCIL LICENSURE EXAMINATION
FOR REGISTERED NURSES
07/01/2010 THROUGH 09/30/2010

G6 - NUMBER AND PERCENT PASSING OF FIRST TIME CANDIDATES
EDUCATED IN MEMBER BOARD JURISDICTIONS, BY DEGREE TYPE

JURISDICTION CODE	JURISDICTION OF LICENSURE	---DIPLOMA---			---BACCALAUREATE---			---ASSOCIATE---			---SPECIAL PROGRAM--- ---CODES---			---TOTAL---		
		CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS
78	ALABAMA	0	0	0.00	497	429	86.32	689	581	84.42	0	0	0.00	1186	990	83.47
94	ALASKA	0	0	0.00	20	16	80.00	19	14	73.68	0	0	0.00	39	30	76.92
02	AMERICAN SAMOA	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
96	ARIZONA	0	0	0.00	260	226	86.92	590	522	88.47	0	0	0.00	850	748	88.00
39	ARKANSAS	104	82	78.85	269	204	75.84	297	240	80.81	0	0	0.00	670	526	78.51
21	CALIFORNIA - RN	0	0	0.00	1530	1316	86.01	2888	2486	86.08	7	4	57.14	4425	3806	86.01
95	COLORADO	0	0	0.00	326	300	92.02	223	185	82.96	0	0	0.00	549	485	88.34
69	CONNECTICUT	5	5	100.00	349	315	90.26	351	308	87.75	0	0	0.00	705	628	89.08
12	DELAWARE	2	1	50.00	150	121	80.67	59	49	83.05	0	0	0.00	211	171	81.04
75	DISTRICT OF COLUMBIA	0	0	0.00	111	95	85.59	22	14	63.64	0	0	0.00	133	109	81.95
70	FLORIDA	0	0	0.00	952	816	85.71	1537	1321	85.95	0	0	0.00	2489	2137	85.86
31	GEORGIA - RN	0	0	0.00	410	352	85.85	369	311	84.28	0	0	0.00	779	663	85.11
87	GUAM	0	0	0.00	1	1	100.00	14	14	100.00	0	0	0.00	15	15	100.00
37	HAWAII	0	0	0.00	144	111	77.08	58	44	75.86	0	0	0.00	202	155	76.73
82	IDAHO	0	0	0.00	52	41	78.85	158	134	84.81	0	0	0.00	210	175	83.33
49	ILLINOIS	0	0	0.00	834	712	85.37	1302	1086	83.41	1	1	100.00	2137	1799	84.18
48	INDIANA	21	20	95.24	660	577	87.42	916	690	75.33	0	0	0.00	1597	1287	80.59
60	IOWA	0	0	0.00	216	176	81.48	552	442	80.07	0	0	0.00	768	618	80.47
68	KANSAS	0	0	0.00	96	74	77.08	147	118	80.27	0	0	0.00	243	192	79.01
76	KENTUCKY	0	0	0.00	220	180	81.82	410	334	81.46	0	0	0.00	630	514	81.59
33	LOUISIANA - RN	0	0	0.00	579	508	87.74	342	304	88.89	0	0	0.00	921	812	88.17
40	MAINE	0	0	0.00	106	84	79.25	53	47	88.68	0	0	0.00	159	131	82.39
07	MARYLAND	0	0	0.00	558	492	88.17	477	412	86.37	0	0	0.00	1035	904	87.34
08	MASSACHUSETTS	30	30	100.00	981	848	86.44	752	654	86.97	0	0	0.00	1763	1532	86.90
09	MICHIGAN	0	0	0.00	798	688	86.22	1381	1185	85.81	1	0	0.00	2180	1873	85.92
10	MINNESOTA	0	0	0.00	325	266	81.85	465	346	74.41	0	0	0.00	790	612	77.47
79	MISSISSIPPI	0	0	0.00	148	116	78.38	332	270	81.33	0	0	0.00	480	386	80.42
17	MISSOURI	20	18	90.00	677	575	84.93	563	482	85.61	0	0	0.00	1260	1075	85.32
98	MONTANA	0	0	0.00	45	37	82.22	71	56	78.87	0	0	0.00	116	93	80.17
67	NEBRASKA	0	0	0.00	147	131	89.12	145	115	79.31	0	0	0.00	292	246	84.25
89	NEVADA	0	0	0.00	78	64	82.05	154	139	90.26	0	0	0.00	232	203	87.50
51	NEW HAMPSHIRE	0	0	0.00	93	85	91.40	136	108	79.41	1	1	100.00	230	194	84.35
18	NEW JERSEY	295	273	92.54	509	426	83.69	585	523	89.40	3	3	100.00	1392	1225	88.00
36	NEW MEXICO	0	0	0.00	82	76	92.68	267	226	84.64	0	0	0.00	349	302	86.53
03	NEW YORK	12	11	91.67	1611	1365	84.73	3186	2706	84.93	0	0	0.00	4809	4082	84.88
19	NORTH CAROLINA	50	43	86.00	295	237	80.34	485	382	78.76	0	0	0.00	830	662	79.76
65	NORTH DAKOTA	0	0	0.00	54	40	74.07	33	28	84.85	0	0	0.00	87	68	78.16
01	NORTHERN MARIANA ISLAND	0	0	0.00	0	0	0.00	2	2	100.00	0	0	0.00	2	2	100.00
20	OHIO	126	100	79.37	1263	1056	83.61	1755	1466	83.53	0	0	0.00	3144	2622	83.40
24	OKLAHOMA	0	0	0.00	458	405	88.43	614	512	83.39	4	3	75.00	1076	920	85.50
80	OREGON	0	0	0.00	350	323	92.29	505	446	88.32	0	0	0.00	855	769	89.94
25	PENNSYLVANIA	732	652	89.07	1630	1415	86.81	1691	1417	83.80	2	2	100.00	4055	3486	85.97
13	RHODE ISLAND	25	19	76.00	159	143	89.94	116	103	88.79	0	0	0.00	300	265	88.33
26	SOUTH CAROLINA	0	0	0.00	95	77	81.05	368	319	86.68	1	1	100.00	464	397	85.56
66	SOUTH DAKOTA	0	0	0.00	85	77	90.59	137	110	80.29	0	0	0.00	222	187	84.23
77	TENNESSEE	0	0	0.00	383	349	91.12	493	444	90.06	0	0	0.00	876	793	90.53

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10/15/2010

NATIONAL COUNCIL LICENSURE EXAMINATION
FOR REGISTERED NURSES
07/01/2010 THROUGH 09/30/2010

G6 - NUMBER AND PERCENT PASSING OF FIRST TIME CANDIDATES
EDUCATED IN MEMBER BOARD JURISDICTIONS, BY DEGREE TYPE

JURISDICTION CODE	JURISDICTION OF LICENSURE	---DIPLOMA---			---BACCALAUREATE---			---ASSOCIATE---			---SPECIAL PROGRAM--- ---CODES---			---TOTAL---		
		CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS	CAND	PASS	%PASS
41	TEXAS	27	26	96.30	1051	911	86.68	1439	1151	79.99	0	0	0.00	2517	2088	82.96
38	UTAH	0	0	0.00	91	86	94.51	286	228	79.72	0	0	0.00	377	314	83.29
15	VERMONT	0	0	0.00	83	69	83.65	72	49	68.06	0	0	0.00	135	108	80.00
81	VIRGIN ISLANDS	0	0	0.00	12	7	58.33	12	9	75.00	0	0	0.00	24	16	66.67
28	VIRGINIA	89	76	85.39	414	347	83.82	802	666	83.04	0	0	0.00	1305	1089	83.45
55	WASHINGTON	0	0	0.00	430	402	93.49	992	885	89.21	0	0	0.00	1422	1287	90.51
53	WEST VIRGINIA - RN	0	0	0.00	248	193	77.82	296	238	80.41	0	0	0.00	544	431	79.23
50	WISCONSIN	0	0	0.00	587	509	86.71	492	405	82.32	0	0	0.00	1079	914	84.71
88	WYOMING	0	0	0.00	45	40	88.89	137	103	75.18	0	0	0.00	182	143	78.57
TOTAL		1538	1356	88.17	21547	18499	85.85	30237	25409	84.03	20	15	75.00	53342	45279	84.88

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10/15/2010

NATIONAL COUNCIL LICENSURE EXAMINATION
FOR PRACTICAL NURSES
07/01/2010 THROUGH 09/30/2010
G4 - JURISDICTION PROGRAM SUMMARY OF ALL FIRST TIME CANDIDATES
EDUCATED IN NEW HAMPSHIRE BOARD OF NURSING

PROGRAM SCHOOL CODE	CITY	GRAD DATE	QUARTER --- 07/01/10 - 09/30/10 ---				YEAR TO DATE ---01/01/10 - 09/30/10 ---			
			CAND	PASS	FAIL	% PASS	CAND	PASS	FAIL	% PASS
51-115	CARE MED EDUCATIONAL SERVICES	05-10	4	3	1	75.00	7	6	1	85.71
		07-09	1	1	0	100.00	2	2	0	100.00
		TOTAL	5	4	1	80.00	9	8	1	88.89
51-998	EQUIVALENCY	N/A	1	1	0	100.00	1	1	0	100.00
		TOTAL	1	1	0	100.00	1	1	0	100.00
51-101	FIRST CHOICE TRAINING INSTITUTE	04-10	7	5	2	71.43	9	7	2	77.78
		12-09	3	2	1	66.67	23	13	10	56.52
		08-09	0	0	0	0.00	7	1	6	14.29
		04-09	0	0	0	0.00	1	0	1	0.00
		12-08	0	0	0	0.00	1	1	0	100.00
		N/A	0	0	0	0.00	3	2	1	66.67
		TOTAL	10	7	3	70.00	44	24	20	54.55
51-110	HARMONY HEALTH CARE INSTITUTE	08-10	3	3	0	100.00	3	3	0	100.00
		05-10	1	1	0	100.00	1	1	0	100.00
		04-10	1	1	0	100.00	8	7	1	87.50
		12-09	0	0	0	0.00	7	6	1	85.71
		TOTAL	5	5	0	100.00	19	17	2	89.47
51-100	NHTI - CONCORD COMMUNITY COLLEGE	12-09	2	2	0	100.00	19	19	0	100.00
		TOTAL	2	2	0	100.00	19	19	0	100.00
51-997	PARTIAL RN EDUCATION TAKING PN	05-11	1	1	0	100.00	13	13	0	100.00
		12-10	1	1	0	100.00	2	2	0	100.00
		05-10	2	2	0	100.00	6	6	0	100.00
		12-09	1	1	0	100.00	5	5	0	100.00
		05-08	0	0	0	0.00	1	1	0	100.00
		N/A	4	4	0	100.00	24	24	0	100.00
		TOTAL	9	9	0	100.00	51	51	0	100.00
51-900	RE-ENTRY / BOARD REQUEST	12-09	0	0	0	0.00	1	1	0	100.00
		TOTAL	0	0	0	0.00	1	1	0	100.00
51-154	RIVER VALLEY COMMUNITY COLLEGE	05-10	5	5	0	100.00	15	15	0	100.00
		07-09	0	0	0	0.00	1	1	0	100.00
		TOTAL	5	5	0	100.00	16	16	0	100.00
51-999	RN FAILURE TAKING PN	05-10	1	1	0	100.00	1	1	0	100.00
		TOTAL	1	1	0	100.00	1	1	0	100.00

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10/15/2010

NATIONAL COUNCIL LICENSURE EXAMINATION
FOR PRACTICAL NURSES
07/01/2010 THROUGH 09/30/2010
G4 - JURISDICTION PROGRAM SUMMARY OF ALL FIRST TIME CANDIDATES
EDUCATED IN NEW HAMPSHIRE BOARD OF NURSING

PROGRAM SCHOOL CODE	CITY	GRAD DATE	QUARTER --- 07/01/10 - 09/30/10 ---				YEAR TO DATE ---01/01/10 - 09/30/10 ---			
			CAND	PASS	FAIL	% PASS	CAND	PASS	FAIL	% PASS
51-103	SALTER SCHOOL OF NURSING AND ALLIED HEALTH	06-10	0	0	0	0.00	1	1	0	100.00
		05-10	12	11	1	91.67	22	21	1	95.45
		04-10	1	0	1	0.00	1	0	1	0.00
		01-10	1	1	0	100.00	27	26	1	96.30
		TOTAL	14	12	2	85.71	51	48	3	94.12
51-156	ST JOSEPH HOSPITAL	05-10	1	1	0	100.00	1	1	0	100.00
		04-10	1	1	0	100.00	38	35	3	92.11
		TOTAL	2	2	0	100.00	39	36	3	92.31

DISCIPLINARY ACTIONS
June 2010 thru September 2010

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

Date of Action	LIC NUMBER	NAME	BOARD ACTION	ACTION CAUSING DISCIPLINE
6/17/2010	042061-21	Brennan, John F.	Indefinitely suspended, beginning 4/12/10	Reciprocal Discipline w/Vermont
7/15/2010	034040-21	Johnston, Laura E.	Voluntary Surrender	
7/15/2010	052442-21	Picciotto, Sabina L.	Voluntary Surrender	
7/15/2010	008855-22	Pinkham-Gerasimov, Loretta M.	Revocation	Violating several sections of the Nurse Practice Act including (1) unauthorized use of a client's credit card, (2) a pattern of behavior that is incompatible with the standard of practice for licensed practical nurses, and/or, (3) failure to cooperate with a lawful investigation of the Board.
7/15/2010	060084-21	Thibodeau, Donna Rae	Probation 3 yr beginning 4/20/09 & Reprimand License reinstated w/Probation and restrictions and conditions	Reciprocal Discipline w/ Florida
9/16/2010	013772-22	Allain, Candice L.	Suspended	
9/16/2010	013950-22	Ash, Dawn E.	Modification to Restriction #1 & #3	Reciprocal Discipline w/Vermont
9/16/2010	048248-21	Lynch, Julia K.	Revoked	Reciprocal Discipline w/Massachusetts
9/16/2010	049523-21	Reeves, Christine L.	License reinstated w/Probation and restrictions and conditions for 2 yrs	
6/17/2010	022096-24	Brown, Melissa K.	Suspension (18 mo) w/ \$750.00 civil penalty	Violating several sections of the Nurse Practice Act including (1) the use of alcoholic beverages to an extent or in a manner that may impair her ability to safely practice as a licensed nursing assistant, (2) demonstration of behavior that is incompatible with the standard of practice for licensed nursing assistants, and/or, (3) failure to accurately record or report patient care data, health care or employment records without omission, falsification or alteration.
7/15/2010	039878-24	Adamtzikis, Elpiniki I.	Suspended 1 year \$250.00 monetary penalty Reinstate after successfully completing comp. testing	Violating sections of the Nurse Practice Act including (1) Failure to cooperate with a lawful investigation of the Board.
7/15/2010	027985-24	Alaawag, Samantha L.	Voluntary Surrender	
7/15/2010	027546-24	Calvo, Cheryl A.	Suspension	Violating sections of the Nurse Practice Act including (1) leaving an assignment without notifying the proper authority and/or, (2) failing to cooperate with a lawful investigation of the Board.

9/16/2010	043216-24	Antonivich, Nicole L.	Probation w stipulation to not work in NH	
9/16/2010	026463-24	Mello, Michelle R.	Probation 2 yrs w/conditions & restrictions \$750.00 civil penalty	Violating the Nurse Practice Act by breaking into a client's bedroom while she was caring for the client's young daughter.
9/16/2010	013008-24	Roberts, Evelyn P.	Voluntarily agreed not to work as LNA in NH	
9/16/2010	025425-24	Ware, Holly E.	Voluntary Surrender	

The following licenses continue to be invalid due to insufficient funds:

Licensed Nursing Assistant:

Melanie Carlone	030011-24
Shelley Hough	018930-24

Registered Nurse:

Cheryl Schaitel	046345-21
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Road to Recovery

The New Hampshire Road to Recovery is designed to assist licensees who are experiencing challenges with drug/ alcohol impairment, physical disabilities, or mental disabilities who continue to safely practice. These individual licensees require monitoring and support for the issues they face. The board supports those individuals in recovery, who maintain a safe practice, provided they are able to successfully conform to the reporting requirements listed in their agreement with the board.

Candidates for the program provide written evidence of their appropriateness for admission to the program. Participant supporting documents are reviewed by the board confidentially. The board determines whether the licensee is a candidate for the Road to Recovery based on facts from the individual, health care provider, and employer. The candidate then agrees to conform to the board requirements.

The board website contains the specific forms participants must complete on a regular basis at www.state.nh.us/nursing under the "Enforcement" as well as the "Forms, Applications, Publications" sections. These forms and guidelines allow the licensee to continue with employment while meeting the stipulations related to safe practice. Professional support groups are also available on the website under the "Quick Link" section of our home page.

Currently, the board has 14 participants who are gainfully employed and succeeding in their professional goals and behaviors. We encourage licensees who are experiencing difficulties related to drug/alcohol impairment or physical/mental disabilities to contact Margaret Walker, at the board, if they require the support to adhere to professional practice standards at 271-2323 or 271-6282.

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